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H2 receptor antagonist use history:

Drug_____ **Strength**_____ **Directions**_____

Dates used: from_____ **to** _____ **Failed due to:** _____

Drug_____ **Strength**_____ **Directions**_____

Dates used: from_____ **to** _____ **Failed due to:** _____

Physician Signature: _____

Contact Person _____

SXC Health Solutions, Inc. will provide a response within 1 business day upon receipt.

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